ID#: |___|___|___|___|___|___|___|___|___|-|___|___|___|___|

RISK FACTOR QUESTIONNAIRE

FOR

COLORECTAL CANCER FAMILY REGISTRY

UNIVERSITY OF SOUTHERN CALIFORNIA CONSORTIUM

Interviewer: _____

Date of
Interview:

| ____/____/____ | ____/____/____ | ____/____/____ |
| Month Day Year | Month Day Year | Month Day Year |

Start time:_____am/pm   Start time:_____am/pm   Start time:_____am/pm

Stop time:_____am/pm   Stop time:_____am/pm   Stop time:_____am/pm

Language:

☐ ENGLISH
☐ SPANISH

ARY: _____

Edited on: ____/____/____   _____Initials

Data entry 1: ____/____/____   _____Initials

Data entry 2: ____/____/____   _____Initials

A. PARTICIPANT INFORMATION

A1. Are you male or female?
[DOESN'T NEED TO BE ASKED UNLESS NOT SELF-EVIDENT.]

☐ MALE
☐ FEMALE

A2. What is your age?

|___|___| YEARS OF AGE

☐ DON'T KNOW

A3. What is your date of birth?

MONTH: |___|___| ☐ DON'T KNOW

DAY: |___|___| ☐ DON'T KNOW

YEAR: |___|___|___|___| ☐ DON'T KNOW

A4. Are you a twin or triplet, or other multiple birth sibling?

☐ YES, A TWIN ───────────────▶
☐ YES, OTHER MULTIPLE (TRIPLET, QUADRUPLET, ETC.) ──▶
☐ NO (GO TO **A5**)
☐ DON'T KNOW (GO TO **A5**)

> **A4a. Do you have a genetically identical sister or brother?**
> [PROBE: Non-identical twins, or fraternal twins, are no more alike than ordinary brothers and sisters. Genetically identical twins, on the other hand, look so much alike that close family members or teachers often mistake one for the other, especially during their childhood.]
>
> ☐ YES
> ☐ NO
> ☐ DON'T KNOW

A5. Are you...?
[READ ALL RESPONSES.]

☐ **Currently married or living as married**
☐ **Separated**
☐ **Divorced**
☐ **Widowed**
☐ **Single or never married**
☐ DON'T KNOW

B. MEDICAL HISTORY

Now I'm going to ask some questions about medical tests you might have had.

MEDICAL TEST	TIME OF FIRST TEST	REASONS FOR FIRST TEST	NO. OF SEPARATE TESTS	TIME OF LAST TEST
B1. Have you ever had a test for blood in your stool called a smear test or a Hemoccult™ (fecal occult)? *[PROBE: This test is frequently part of a routine physical exam and usually done at home.]* ❑ YES ⟶ ❑ NO (GO TO B2) ❑ DON'T KNOW (GO TO B2)	**B1a. When did you FIRST have this test?** |__|__| AGE **OR** |__|__|__|__|YEAR **OR** |__|__| years ago ❑ DON'T KNOW	**B1b. What were the reasons for your first test. . .?** (MARK ALL THAT APPLY) ❑ to investigate a new problem ❑ family history of colorectal cancer ❑ routine/yearly exam or checkup ❑ follow-up of a previous problem ❑ Other:_____ ❑ DON'T KNOW	**B1c. How many separate tests have you had?** TOTAL NUMBER OF TESTS:|__|__| (IF 1, GO TO B2) ❑ DON'T KNOW	**B1d. When did you LAST have this test?** |__|__| AGE **OR** |__|__|__|__|YEAR **OR** |__|__| years ago ❑ DON'T KNOW

The next questions pertain to three medical procedures: sigmoidoscopy, colonoscopy, and polypectomy. A sigmoidoscopy examines the <u>lower part</u> of the bowel and may be done in a doctor's office, whereas a colonoscopy examines <u>the entire</u> large bowel and is usually done under sedation by a specialist. A polypectomy is a procedure to remove a polyp. This procedure may be done during a sigmoidoscopy or colonoscopy, or during bowel surgery.

MEDICAL TEST	TIME OF FIRST TEST	REASONS FOR FIRST TEST	NO. OF SEPARATE TESTS	TIME OF LAST TEST
B2. Have you ever had a sigmoidoscopy? *[PROBE: Sigmoidoscopy involves looking inside the lower bowel and rectum with a lighted instrument. This examination is usually done in a doctor's office without sedation.]* ❑ YES ⟶ ❑ NO (GO TO B3) ❑ DON'T KNOW (GO TO B3)	**B2a. When did you FIRST have this test?** |__|__| AGE **OR** |__|__|__|__|YEAR **OR** |__|__| YEARS AGO ❑ DON'T KNOW	**B2b. What were the reasons for your first sigmoidoscopy. . .?** (MARK ALL THAT APPLY) ❑ to investigate a new problem ❑ family history of colorectal cancer ❑ routine/yearly exam or checkup ❑ follow-up of a previous problem ❑ Other:_____ ❑ DON'T KNOW	**B2c. How many separate tests have you had?** TOTAL NUMBER OF TESTS:|__|__| (IF 1, GO TO B3) ❑ DON'T KNOW	**B2d. When did you LAST have this test?** |__|__| AGE **OR** |__|__|__|__|YEAR **OR** |__|__| YEARS AGO ❑ DON'T KNOW
B3. Have you ever had a colonoscopy? *[PROBE: Colonoscopy is an examination of the entire large bowel using a long flexible instrument. This examination is usually done under sedation.]* ❑ YES ⟶ ❑ NO (GO TO B4) ❑ DON'T KNOW (GO TO B4)	**B3a. When did you FIRST have this test?** |__|__| AGE **OR** |__|__|__|__|YEAR **OR** |__|__| YEARS AGO ❑ DON'T KNOW	**B3b. What were the reasons for your first colonoscopy. . .?** (MARK ALL THAT APPLY) ❑ to investigate a new problem ❑ family history of colorectal cancer ❑ routine/yearly exam or checkup ❑ follow-up of a previous problem ❑ Other:_____ ❑ DON'T KNOW	**B3c. How many separate tests have you had?** TOTAL NUMBER OF TESTS:|__|__| (IF 1, GO TO B4) ❑ DON'T KNOW	**B3d. When did you LAST have this test?** |__|__| AGE **OR** |__|__|__|__|YEAR **OR** |__|__| YEARS AGO ❑ DON'T KNOW

Now I'd like to ask you some questions about your medical history.

B4. Has a doctor ever told you that you had a polyp(s) in your large bowel or colon or rectum?

☐ YES ⟶

☐ NO (GO TO **B5**)

☐ DON'T KNOW (GO TO **B5**)

B4a. When did your doctor FIRST tell you that you had a polyp?

AGE: |__|__| **OR**   ☐ DON'T KNOW

YEAR: |__|__|__|__| **OR**

YEARS AGO |__|__|

B4b. Have you been told that you had a polyp more than once?

☐ YES ⟶

☐ NO (GO TO **B4c**)

☐ DON'T KNOW (GO TO **B4c**)

B4b(1). When did your doctor LAST tell you that you had a polyp?

AGE: |__|__| **OR**

YEAR: |__|__|__|__| **OR**

YEARS AGO |__|__|

☐ DON'T KNOW

B4c. Do you know if your polyp(s) was benign, adenomatous (pre-cancerous), or something else?
[PROBE: Include all the separate episodes when you were told you had polyps.]
[PROBE: What did your doctor tell you about your polyp?]
(MARK ALL THAT APPLY)

☐ BENIGN   ☐ DON'T KNOW

☐ ADENOMATOUS

☐ MALIGNANT

☐ OTHER:_____(SPECIFY)

B4d. Did you have the polyp(s) removed (by a procedure called a polypectomy)?
[PROBE: This can be done during a sigmoidoscopy, a colonoscopy, or during bowel surgery.]

☐ YES ⟶

☐ NO (GO TO **B5**)

☐ DON'T KNOW (GO TO **B5**)

B4d(1). When did you FIRST have the polyp(s) removed?

AGE: |__|__| **OR**

YEAR: |__|__|__|__| **OR**

YEARS AGO |__|__|

☐ DON'T KNOW

B4d(2). Have you had a polyp removed more than once?

☐ YES

☐ NO (GO TO **B5**)

☐ DON'T KNOW (GO TO **B5**)

B4d(3). When did you LAST have a polyp(s) removed?

AGE: |__|__| **OR**

YEAR: |__|__|__|__| **OR**

YEARS AGO |__|__|

☐ DON'T KNOW

Has a doctor ever told you that you had any of the following conditions...	If YES, when did your doctor FIRST tell you that you had...
B5. Familial adenomatous polyposis or FAP? *[PROBE: This is a condition, sometimes occurring in families, in which numerous polyps line the inside of the large bowel or colon.]* ❏ YES ────────────────▶ ❏ NO (GO TO **NEXT MEDICAL CONDITION**) ❏ DON'T KNOW (GO TO **NEXT MEDICAL CONDITION**)	**B5a. Familial adenomatous polyposis or FAP?** AGE: |__|__| **OR** YEAR: |__|__|__|__| **OR** YEARS AGO |__|__| ❏ DON'T KNOW
B6. Crohn's disease? *[PROBE: This is an inflammation that extends into the deeper layers of the intestinal wall. It may also affect other parts of the digestive tract, including the mouth, esophagus, stomach and small intestine.]* ❏ YES ────────────────▶ ❏ NO (GO TO **NEXT MEDICAL CONDITION**) ❏ DON'T KNOW (GO TO **NEXT MEDICAL CONDITION**)	**B6a. Crohn's disease?** AGE: |__|__| **OR** YEAR: |__|__|__|__| **OR** YEARS AGO |__|__| ❏ DON'T KNOW
B7. Ulcerative colitis? *[PROBE: This is an inflammation and ulceration of the lining of the bowel (colon and rectum). It is not a stomach ulcer.]* ❏ YES ────────────────▶ ❏ NO (GO TO **NEXT MEDICAL CONDITION**) ❏ DON'T KNOW (GO TO **NEXT MEDICAL CONDITION**)	**B7a. Ulcerative colitis?** AGE: |__|__| **OR** YEAR: |__|__|__|__| **OR** YEARS AGO |__|__| ❏ DON'T KNOW
B8. Irritable bowel syndrome or IBS? *[PROBE: This is a disorder of the bowels leading to cramping, gassiness, bloating and alternating diarrhea and constipation.]* ❏ YES ────────────────▶ ❏ NO (GO TO **NEXT MEDICAL CONDITION**) ❏ DON'T KNOW (GO TO **NEXT MEDICAL CONDITION**)	**B8a. Irritable bowel syndrome or IBS?** AGE: |__|__| **OR** YEAR: |__|__|__|__| **OR** YEARS AGO |__|__| ❏ DON'T KNOW
B9. Diverticular disease? *[PROBE: This may also be called diverticulosis or diverticulitis. It is a condition in which the bowel may become infected, and can lead to pain and chronic problems with bowel habits.]* ❏ YES ────────────────▶ ❏ NO (GO TO **B10**) ❏ DON'T KNOW (GO TO **B10**)	**B9a. Diverticular disease?** AGE: |__|__| **OR** YEAR: |__|__|__|__| **OR** YEARS AGO |__|__| ❏ DON'T KNOW

B10. Have you ever had any of your large bowel or colon removed?

- ❑ YES →
- ❑ NO (GO TO **B11**)
- ❑ DON'T KNOW (GO TO **B11**)

B10a. Was it completely removed, or was only part of it removed?

- ❑ COMPLETELY REMOVED
- ❑ PARTLY REMOVED
- ❑ DON'T KNOW

B10b. When did you FIRST have any of your bowel or colon removed?

AGE: |__|__| OR

YEAR: |__|__|__|__| OR

YEARS AGO |__|__|

- ❑ DON'T KNOW

B10c. Have you had more than one surgery to remove your bowel or colon?

- ❑ YES →
- ❑ NO (GO TO **B11**)
- ❑ DON'T KNOW (GO TO **B11**)

B10c(1). When did you LAST have this operation to remove all or part of your bowel or colon?

AGE: |__|__| OR

YEAR: |__|__|__|__| OR

YEARS AGO |__|__|

- ❑ DON'T KNOW

B11. Have you had your gallbladder removed?

- ❑ YES →
- ❑ NO (GO TO **B12**)
- ❑ DON'T KNOW (GO TO **B12**)

B11a. When did you have your gallbladder removed?

AGE: |__|__| OR

YEAR: |__|__|__|__| OR

YEARS AGO |__|__|

- ❑ DON'T KNOW

B12. Has a doctor ever told you that you had diabetes?

[PROBE: Do not include diabetes which you had only during pregnancy - gestational diabetes.]

☐ YES ————————————→
☐ NO (GO TO **B13**)
☐ DON'T KNOW (GO TO **B13**)

B12a. When did your doctor FIRST tell you that you had diabetes?

AGE: |__|__| **OR**

YEAR: |__|__|__|__| **OR**

YEARS AGO |__|__|

☐ DON'T KNOW

B12b. Did you ever take medication to control your diabetes?

☐ YES
☐ NO (GO TO **B13** on NEXT PAGE)
☐ DON'T KNOW (GO TO **B13** on NEXT PAGE)

What type of medication did you use . . . [medication]?	When you were taking this medication, how often did you take it?	[SKIP IF DX IS UNDER 2 YEARS] About TWO years ago [or ARY* _____] were you taking it?	How long, in total, have you taken this medication?
B12c(1) Pills? ☐ YES ————→ ☐ NO (GO TO **NEXT MED**) ☐ DON'T KNOW (GO TO **NEXT MED**)	**B12c(2) Pills?** _____ TIMES ☐ PER DAY ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B12c(3) Pills?** ☐ YES ☐ NO ☐ DON'T KNOW	**B12c(4) Pills?** _____ NUMBER ☐ MONTHS ☐ YEARS ☐ DON'T KNOW
B12d(1) Insulin injections? ☐ YES ————→ ☐ NO (GO TO **NEXT MED**) ☐ DON'T KNOW (GO TO **NEXT MED**)	**B12d(2) Insulin injections?** _____ TIMES ☐ PER DAY ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B12d(3) Insulin injections?** ☐ YES ☐ NO ☐ DON'T KNOW	**B12d(4) Insulin injections?** _____ NUMBER ☐ MONTHS ☐ YEARS ☐ DON'T KNOW
B12e(1) Insulin pump? ☐ YES ————→ ☐ NO (GO TO **B13**) ☐ DON'T KNOW (GO TO **B13**)	**B12e(2) Insulin pump?** _____ TIMES ☐ PER DAY ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B12e(3) Insulin pump?** ☐ YES ☐ NO ☐ DON'T KNOW	**B12e(4) Insulin pump?** _____ NUMBER ☐ MONTHS ☐ YEARS ☐ DON'T KNOW

*ARY = Appropriate Reference Year

B13. Has a doctor ever told you that you had high cholesterol?

☐ YES ——————————→

☐ NO (GO TO **B14**)

☐ DON'T KNOW (GO TO **B14**)

B13a. When did your doctor FIRST tell you that you had high cholesterol?

AGE: |__|__| **OR**

YEAR: |__|__|__|__| **OR**

YEARS AGO |__|__|

☐ DON'T KNOW

B13b. Did you ever take medication to control your high cholesterol?

☐ YES

☐ NO (GO TO **B14**)

☐ DON'T KNOW (GO TO **B14**)

INCLUDE ALL MEDICATION FOR HIGH CHOLESTEROL	B13b(1) When you were taking medication for your high cholesterol, how often did you take it?	[SKIP IF DX IS UNDER 2 YEARS] B13b(2) About TWO years ago [or ARY_____] were you taking it?	B13b(3) How long, in total, have you taken this medication? [IF NECESSARY, CALCULATE TOTAL USE BY PROBING FOR START/STOP TIMES]
	_____ ☐ PER DAY *TIMES* ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	☐ YES ☐ NO ☐ DON'T KNOW	*[PROBE: When did you first take medication? When did you stop? When did you resume taking medication...?]* START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS *TOTAL NUMBER* ☐ YEARS ☐ DON'T KNOW

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B14. Has a doctor ever told you that you had high levels of trigylcerides in your blood? These are other types of fats.

❑ YES ⟶
❑ NO (GO TO **B15**)
❑ DON'T KNOW (GO TO **B15**)

B14a. When did your doctor FIRST tell you that you had high triglycerides?

AGE: |__|__| **OR**

YEAR: |__|__|__|__| **OR**

YEARS AGO |__|__|

❑ DON'T KNOW

B14b. Did you ever take medication to control your high triglycerides?

❑ YES
❑ NO (GO TO **B15**)
❑ DON'T KNOW (GO TO **B15**)

INCLUDE ALL MEDICATION FOR HIGH TRIGLYCERIDES	B14b(1) When you were taking medication for your high triglycerides, how often did you take it?	[SKIP IF DX IS UNDER 2 YEARS] B14b(2) About TWO years ago [or ARY_____] were you taking it?	B14b(3) How long, in total, have you taken this medication? [IF NECESSARY, CALCULATE TOTAL USE BY PROBING FOR START/STOP TIMES.]
	_____ TIMES ❑ PER DAY ❑ PER WEEK ❑ PER MONTH ❑ PER YEAR ❑ DON'T KNOW	❑ YES ❑ NO ❑ DON'T KNOW	[PROBE: When did you first take medication? When did you stop? When did you resume taking medication...?] START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ TOTAL NUMBER ❑ MONTHS ❑ YEARS ❑ DON'T KNOW

B15. Has a doctor ever told you that you had any type of cancer? *[PROBE (FOR PROBAND AND OTHER AFFECTED MEMBERS): This may seem obvious, but I have to ask this question of everyone.]*

☐ YES
☐ NO (GO TO **B15e**)
☐ DON'T KNOW (GO TO **B15e**)

What type of cancer was it? (IF SKIN CANCER, PROBE FOR TYPE OF SKIN CANCER - MELANOMA v. NON-MELANOMA. EXCLUDE METASASES.)	When did your doctor FIRST tell you that you had this type of cancer?	Were you treated with radiation therapy or radiotherapy? [PROBE: This radiation may have been called cobalt therapy, radium therapy, radioisotope therapy or x-ray therapy. It could have been delivered in the form of implants, shots or irradiation by machine.]	
B15a: 1st Cancer CANCER:_____ _____ |__|__|__|__|__|	**B15a(1): 1st Cancer** AGE |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO |__|__| ☐ DON'T KNOW	**B15a(2): 1st Cancer** ☐ YES ☐ NO ☐ DON'T KNOW	[Prompt: Have you had any other type of cancer?] [IF YES, GO TO NEXT CANCER. IF NO, GO TO **B15e**]
B15b: 2nd Cancer CANCER:_____ _____ |__|__|__|__|__|	**B15b(1): 2nd Cancer** AGE |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO |__|__| ☐ DON'T KNOW	**B15b(2): 2nd Cancer** ☐ YES ☐ NO ☐ DON'T KNOW	[Prompt: Have you had any other type of cancer?] [IF YES, GO TO NEXT CANCER. IF NO, GO TO **B15e**]
B15c: 3rd Cancer CANCER:_____ _____ |__|__|__|__|__|	**B15c(1): 3rd Cancer** AGE |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO |__|__| ☐ DON'T KNOW	**B15c(2): 3rd Cancer** ☐ YES ☐ NO ☐ DON'T KNOW	[Prompt: Have you had any other type of cancer?] [IF YES, GO TO NEXT CANCER. IF NO, GO TO **B15e**]
B15d: 4th Cancer CANCER:_____ _____ |__|__|__|__|__|	**B15d(1): 4th Cancer** AGE |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO |__|__| ☐ DON'T KNOW	**B15d(2): 4th Cancer** ☐ YES ☐ NO ☐ DON'T KNOW	

B15e. Have you ever had a bone marrow transplant?

☐ YES
☐ NO
☐ DON'T KNOW

B16. Now I'd like to ask you some questions about medications you may have taken. We are only interested in medications you took as an adult, not as a child.
(IF RESPONDENT GIVES NAME OF UNFAMILIAR MEDICATION, RECORD THE INFORMATION.)

Have you ever taken the following medication at least TWICE A WEEK FOR MORE THAN A MONTH?	When you were taking [medication] regularly, how often did you take it?	About TWO years ago [or ARY_____] were you taking it regularly?	How long, in total, have you taken [medication] regularly? [IF NECESSARY, CALCULATE TOTAL USE BY PROBING FOR START/STOP TIMES.]
B16a(1) Aspirin, for example, Anacin, baby aspirin, Bufferin, Bayer, Excedrin, Ecotrin? ☐ YES ──────→ ☐ NO (GO TO **NEXT MED**) ☐ DON'T KNOW (GO TO **NEXT MED**) RECORD OTHER MEDICATION(S): _____ _____	**B16a(2)** Aspirin? _____ ☐ PER DAY *TIMES* ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B16a(3)** Aspirin? ☐ YES ☐ NO ☐ DON'T KNOW	**B16a(4)** Aspirin? *[PROBE: When did you first take medication? When did you stop? When did you resume taking medication...?]* START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS *TOTAL NUMBER* ☐ YEARS ☐ DON'T KNOW
B16b(1) Acetaminophen, for example, Tylenol, Anacin-3, Panadol? ☐ YES ──────→ ☐ NO (GO TO **NEXT MED**) ☐ DON'T KNOW (GO TO **NEXT MED**) RECORD OTHER MEDICATION(S): _____	**B16b(2)** Acetaminophen? _____ ☐ PER DAY *TIMES* ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B16b(3)** Acetaminophen? ☐ YES ☐ NO ☐ DON'T KNOW	**B16b(4)** Acetaminophen? START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS *TOTAL NUMBER* ☐ YEARS ☐ DON'T KNOW
B16c(1) Ibuprofen based medication, for example, Advil, Motrin, Nuprin, Medipren or other **NSAIDS**? *[PROBE: NSAIDS are non-steroidal anti-inflammatory drugs]* ☐ YES ──────→ ☐ NO (GO TO **NEXT MED**) ☐ DON'T KNOW (GO TO **NEXT MED**) RECORD OTHER MEDICATION(S): _____	**B16c(2)** Ibuprofen based medication? _____ ☐ PER DAY *TIMES* ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B16c(3)** Ibuprofen based medication? ☐ YES ☐ NO ☐ DON'T KNOW	**B16c(4)** Ibuprofen based medication? START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS *TOTAL NUMBER* ☐ YEARS ☐ DON'T KNOW

Have you ever taken the following medication at least TWICE A WEEK FOR MORE THAN A MONTH?	When you were taking [medication] regularly, how often did you take it?	About TWO years ago [or ARY_____] were you taking it regularly?	How long, in total, have you taken [medication] regularly? [IF NECESSARY, CALCULATE TOTAL USE BY PROBING FOR START/STOP TIMES.]
B16d(1) Bulk-forming laxatives, for example, Metamucil, Citrucel, FiberCon, Serutan, psyllium? ☐ YES ⟶ ☐ NO (GO TO NEXT MED) ☐ DON'T KNOW (GO TO NEXT MED) RECORD OTHER MEDICATION(S): _____	B16d(2) Bulk-forming laxatives? _____ *TIMES* ☐ PER DAY ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	B16d(3) Bulk-forming laxatives? ☐ YES ☐ NO ☐ DON'T KNOW	B16d(4) Bulk-forming laxatives? START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS *TOTAL NUMBER* ☐ YEARS ☐ DON'T KNOW
B16e(1) Other laxatives, for example, Ex-Lax, Correctol, Dulcolax, Senokot, Colace, castor oil, cod liver oil, mineral oil, milk of magnesia, lactulose, Epsom salts? ☐ YES ⟶ ☐ NO (GO TO NEXT MED) ☐ DON'T KNOW (GO TO NEXT MED) RECORD OTHER MEDICATION(S): _____	B16e(2) Other laxatives? _____ *TIMES* ☐ PER DAY ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	B16e(3) Other laxatives? ☐ YES ☐ NO ☐ DON'T KNOW	B16e(4) Other laxatives? START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS *TOTAL NUMBER* ☐ YEARS ☐ DON'T KNOW
B16f(1) Multi-vitamin pills or tablets, not individual vitamins? ☐ YES ⟶ ☐ NO (GO TO NEXT MED) ☐ DON'T KNOW (GO TO NEXT MED) RECORD OTHER MEDICATION(S): _____	B16f(2) Multi-vitamin pills or tablets? _____ *TIMES* ☐ PER DAY ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	B16f(3) Multi-vitamin pills or tablets? ☐ YES ☐ NO ☐ DON'T KNOW	B16f(4) Multi-vitamin pills or tablets START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS *TOTAL NUMBER* ☐ YEARS ☐ DON'T KNOW

Have you ever taken the following medication at least TWICE A WEEK FOR MORE THAN A MONTH?	When you were taking [medication] regularly, how often did you take it?	About TWO years ago [or ARY_____] were you taking it regularly?	How long, in total, have you taken [medication] regularly? [IF NECESSARY, CALCULATE TOTAL USE BY PROBING FOR START/STOP TIMES.]
B16g(1) Separate folic acid or folate pills? ☐ YES ———————→ ☐ NO (GO TO NEXT MED) ☐ DON'T KNOW (GO TO NEXT MED) RECORD OTHER MEDICATION(S): _____	**B16g(2) Folic acid or folate pills?** _____ ☐ PER DAY TIMES ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B16g(3) Folic acid or folate pills?** ☐ YES ☐ NO ☐ DON'T KNOW	**B16g(4) Folic acid or folate pills?** START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS TOTAL NUMBER ☐ YEARS ☐ DON'T KNOW
B16h(1) Separate calcium pills or tablets, not including antacids? ☐ YES ———————→ ☐ NO (GO TO NEXT MED) ☐ DON'T KNOW (GO TO NEXT MED) RECORD OTHER MEDICATION(S): _____	**B16h(2) Calcium pills or tablets?** _____ ☐ PER DAY TIMES ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B16h(3) Calcium pills or tablets?** ☐ YES ☐ NO ☐ DON'T KNOW	**B16h(4) Calcium pills or tablets?** START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS TOTAL NUMBER ☐ YEARS ☐ DON'T KNOW
B16i(1) Calcium-based antacids, for example: Tums, Rolaids, Alka-Mints, Chooz Antacid gum? ☐ YES ———————→ ☐ NO ☐ DON'T KNOW RECORD OTHER MEDICATION(S): _____	**B16i(2) Calcium-based antacids?** _____ ☐ PER DAY TIMES ☐ PER WEEK ☐ PER MONTH ☐ PER YEAR ☐ DON'T KNOW	**B16i(3) Calcium-based antacids?** ☐ YES ☐ NO ☐ DON'T KNOW	**B16i(4) Calcium-based antacids?** START _____ STOP _____ START _____ STOP _____ START _____ STOP _____ _____ ☐ MONTHS TOTAL NUMBER ☐ YEARS ☐ DON'T KNOW

FOR FEMALE RESPONDENTS: Go to next section, SECTION C

FOR MALE RESPONDENTS: Go to SECTION E

This next series of questions are about menstruation and pregnancy.

C1. How old were you when you had your FIRST menstrual period?

|___|___| YEARS OF AGE

☐ DON'T KNOW
☐ NEVER HAD A MENSTRUAL PERIOD

C2. Have you ever been pregnant?

☐ YES ⟶
☐ NO (GO TO C3)
☐ DON'T KNOW (GO TO C3)

C2a. How many times have you been pregnant, including miscarriages, stillbirths, tubal pregnancies and abortions. If you are pregnant now, please exclude your current pregnancy.

|___|___| NUMBER OF PREGNANCIES

☐ DON'T KNOW
☐ CURRENTLY PREGNANT FOR THE FIRST TIME (GO TO C3)

C2b. How many times were you pregnant with more than one baby?
[PROBE: TWINS, TRIPLETS OR MORE.]

☐ NEVER

|___|___| NUMBER OF PREGNANCIES WITH MULTIPLES

☐ DON'T KNOW

C2c. How many of your pregnancies lasted 6 months or longer?

☐ ALL OF THEM

|___|___| NUMBER OF PREGNANCIES

☐ DON'T KNOW

C2d. How many of your pregnancies resulted in live births?

☐ ALL OF THEM ⟶

|___|___| NUMBER OF PREGNANCIES ⟶

☐ NONE (GO TO C3)
☐ DON'T KNOW (GO TO C3)

C2d(1). How old were you at the FIRST live birth?

AGE: |___|___| OR

YEAR: |___|___|___|___| OR

YEARS AGO |___|___|

☐ DON'T KNOW

[IF ONLY ONE PREGNANCY, GO TO C3]

(IF MORE THAN ONE LIVE BIRTH)

C2d(2). How old were you at the LAST live birth?

AGE |__|__| OR

YEAR |__|__|__|__| OR

YEARS AGO |__|__|

☐ DON'T KNOW

C3. Have you ever used birth control pills or other hormonal contraceptives (implants, injections or Progestasert IUD) <u>for at least one year</u>?

☐ YES

☐ NO (GO TO **C4**)

☐ DON'T KNOW (GO TO **C4**)

C3a. How old were you when you FIRST used any of these hormonal contraceptives?

AGE: |__|__| OR

YEAR: |__|__|__|__| OR

YEARS AGO |__|__|

☐ DON'T KNOW

[IF FIRST USE IS WITHIN THE LAST TWO YEARS, GO TO **C3c**.]

C3b. Were you using hormonal contraceptives about TWO years ago [or ARY_____]?

☐ YES

☐ NO

☐ DON'T KNOW

C3c. In total, how long did you take these hormonal contraceptives?

|____|____| NUMBER OF YEARS

☐ DON'T KNOW

C4. Have you had a <u>menstrual</u> period in the last 12 months? That is, a natural menstrual period, one that occurred when you were not taking hormonal contraceptives or hormone replacement therapy.

☐ YES

☐ NO

☐ DON'T KNOW (GO TO **C5**)

C4a. Have your natural periods stopped permanently, or only temporarily due to pregnancy, breast-feeding or other conditions?

☐ PERMANENTLY

☐ TEMPORARILY (GO TO **C5**)

☐ DON'T KNOW (GO TO **C5**)

C4a(1). How old were you when your periods stopped permanently?

AGE: |__|__| OR

YEAR: |__|__|__|__| OR

YEARS AGO |__|__|

☐ DON'T KNOW

C4a(2). Why did your menstrual periods stop permanently?

- ☐ NATURAL MENOPAUSE (GO TO **C5**)
- ☐ GYNECOLOGIC SURGERY (GO TO **C5**)
- ☐ RADIATION OR CHEMOTHERAPY
- ☐ OTHER_____(SPECIFY)
- ☐ DON'T KNOW (GO TO **C5**)

C4a(2)a. When did you first have [RADIATION/ CHEMOTHERAPY] that caused your periods to stop permanently?

AGE: |__|__| OR

YEAR: |__|__|__|__| OR

YEARS AGO |__|__|

☐ DON'T KNOW

C4a(2)b. When did you first have [OTHER] that caused your periods to stop permanently?

AGE: |__|__| OR

YEAR: |__|__|__|__| OR

YEARS AGO |__|__|

☐ DON'T KNOW

C5. Have you had any gynecologic surgery? *[PROBE: Surgery on your uterus or ovaries]*

- ☐ YES
- ☐ NO (GO TO **C6**)
- ☐ DON'T KNOW

Have you had. . . ? [READ ALL RESPONSES, MARKING ALL THAT APPLY]

C5a. . . .a hysterectomy. . .		C5a(2) How old were you when you had [appropriate surgery]?		
☐ YES → ☐ NO (GO TO C5b)	**C5a(1):**	AGE **OR** YEAR **OR** YEARS AGO		
	☐ . . .with BOTH ovaries removed?	|__|__|	|__|__|__|__|	|__|__|	(GO TO C5c)
	☐ . . .with ONE ovary removed?	|__|__|	|__|__|__|__|	|__|__|	
	☐ . . .with NO ovaries removed?	|__|__|	|__|__|__|__|	|__|__|	
	☐ DON'T KNOW STATUS OF OVARIES	|__|__|	|__|__|__|__|	|__|__|	(GO TO C5c)

C5b. . . . a partial or complete removal of one or both ovaries? [OTHER THAN ABOVE]		C5b(2) How old were you when you had [appropriate surgery]?		
☐ YES → ☐ NO (GO TO C5c)	**C5b(1):**	AGE **OR** YEAR **OR** YEARS AGO		
	☐ ONE OVARY	|__|__|	|__|__|__|__|	|__|__|
	☐ BOTH OVARIES	|__|__|	|__|__|__|__|	|__|__|

C5c. . . . other gynecologic surgery?		C5c(2) How old were you when you had [appropriate surgery]?		
☐ YES → ☐ NO (GO TO C6)	**C5c(1):**	AGE **OR** YEAR **OR** YEARS AGO		
	_____(SPECIFY)	|__|__|	|__|__|__|__|	|__|__|
	_____(SPECIFY)	|__|__|	|__|__|__|__|	|__|__|

Now I will be asking you about different kinds of hormone replacement and hormone-related therapies. We are not asking about hormones in vaginal suppositories, vaginal creams or injections.

C6. Have you ever used a pill or patch form of hormone replacement therapy, such as Prempro, Provera, Evista, Raloxifene or Tamoxifen? Doctors prescribe hormone replacement treatment for many reasons including menopausal symptoms, surgical removal of the ovaries, osteoporosis, heart disease prevention and cancer therapy.
[PROBE: Menopausal symptoms include hot flashes, sweating and depression.]

[DO NOT INCLUDE: BIRTH CONTROL HORMONES OR HORMONE THERAPY DELIVERED BY INJECTIONS, VAGINAL CREAMS OR VAGINAL SUPPOSITORIES.]

❑ YES ⟶
❑ NO (GO TO **SECTION E**)
❑ DON'T KNOW (GO TO **C6b**)

> **C6a. Were you still having <u>menstrual</u> periods when you FIRST took these hormones?**
>
> ❑ YES
> ❑ NO
> ❑ DON'T KNOW

Were you ever prescribed . . .	How old were you when you first took . . .	[SKIP IF UNDER 2 YEARS] About TWO years ago [or ARY _____] were you taking . . .	In total, how long did you take . . .
C6b . . . an <u>estrogen-only</u> pill or patch (such as Premarin) for 6 months or longer? This does not include combination pills such as Prempro. ❑ YES ⟶ ❑ NO (GO TO **NEXT HORMONE**) ❑ DON'T KNOW (GO TO **NEXT HORMONE**)	**C6b(1)** . . . estrogen-only medication? AGE: |_|_| OR YEAR: |_|_|_|_| OR YEARS AGO |_|_| ❑ DON'T KNOW	**C6b(2)** . . . estrogen-only medication? ❑ YES ❑ NO ❑ DON'T KNOW	**C6b(3)** . . . estrogen-only medication? _____ ❑ MONTHS *NUMBER* ❑ YEARS ❑ DON'T KNOW
C6c . . . <u>progesterone</u> or <u>progestin along with estrogens</u> for 6 months or longer? Progesterone or progestin is frequently prescribed by doctors along with estrogen. Some common brands are Provera and Prempro. ❑ YES ⟶ ❑ NO (GO TO **NEXT HORMONE**) ❑ DON'T KNOW (GO TO **NEXT HORMONE**)	**C6c(1)** . . . progesterone or progestin along with estrogens? AGE: |_|_| OR YEAR: |_|_|_|_| OR YEARS AGO |_|_| ❑ DON'T KNOW	**C6c(2)** . . . progesterone or progestin along with estrogens? ❑ YES ❑ NO ❑ DON'T KNOW	**C6c(3)** . . . progesterone or progestin along with estrogens? _____ ❑ MONTHS *NUMBER* ❑ YEARS ❑ DON'T KNOW
C6d . . . any fertility drugs in the form of shots or pills for 6 months or longer? ❑ YES ⟶ ❑ NO (GO TO **NEXT HORMONE**) ❑ DON'T KNOW (GO TO **NEXT HORMONE**)	**C6d(1)** . . . any fertility drugs? AGE: |_|_| OR YEAR: |_|_|_|_| OR YEARS AGO |_|_| ❑ DON'T KNOW	**C6d(2)** . . . any fertility drugs ❑ YES ❑ NO ❑ DON'T KNOW	**C6d(3)** . . . any fertility drugs? _____ ❑ MONTHS *NUMBER* ❑ YEARS ❑ DON'T KNOW

Were you ever prescribed . . .	How old were you when you first took . . .	[SKIP IF UNDER 2 YEARS] About TWO years ago [or ARY_____] were you taking . . .	In total, how long did you take . . .
C6e . . . Raloxifene, also called Evista, for 6 months or longer? ☐ YES ⟶ ☐ NO (GO TO NEXT HORMONE) ☐ DON'T KNOW (GO TO NEXT HORMONE)	C6e(1) . . . Raloxifene? AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO|__|__| ☐ DON'T KNOW	C6e(2) . . . Raloxifene? ☐ YES ☐ NO ☐ DON'T KNOW	C6e(3) . . . Raloxifene? _____ ☐ MONTHS NUMBER ☐ YEARS ☐ DON'T KNOW
C6f . . . Tamoxifen for 6 months or longer? ☐ YES ⟶ ☐ NO (GO TO NEXT HORMONE) ☐ DON'T KNOW (GO TO NEXT HORMONE)	C6f(1) . . . Tamoxifen? AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO|__|__| ☐ DON'T KNOW	C6f(2) . . . Tamoxifen? ☐ YES ☐ NO ☐ DON'T KNOW	C6f(3) . . . Tamoxifen? _____ ☐ MONTHS NUMBER ☐ YEARS ☐ DON'T KNOW
C6g . . . Lupron (leuprolide acetate) or Danacrine (Danazol) or any other "anti-estrogen" medication for 6 months or longer? [PROBE: These are drugs commonly used to treat endometriosis.] ☐ YES ⟶ ☐ NO (GO TO NEXT HORMONE) ☐ DON'T KNOW (GO TO NEXT HORMONE)	C6g(1) . . . Lupron, Danazol or any other "anti-estrogen" medication? AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO|__|__| ☐ DON'T KNOW	C6g(2) . . . Lupron, Danazol or any other "anti-estrogen" medication? ☐ YES ☐ NO ☐ DON'T KNOW	C6g(3) . . . Lupron, Danazol or other "anti-estrogen" medication? _____ ☐ MONTHS NUMBER ☐ YEARS ☐ DON'T KNOW
C6h . . . testosterone for 6 months or longer? ☐ YES ⟶ ☐ NO (GO TO NEXT HORMONE) ☐ DON'T KNOW (GO TO NEXT HORMONE)	C6h(1) . . . testosterone? AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO|__|__| ☐ DON'T KNOW	C6h(2) . . . testosterone? ☐ YES ☐ NO ☐ DON'T KNOW	C6h(3) . . . testosterone? _____ ☐ MONTHS NUMBER ☐ YEARS ☐ DON'T KNOW
C6i . . . any other hormone pills or patches for 6 months or longer? [PROBE: Reasons for taking hormones include treating acne, ovarian cysts, various menstrual problems (excessive bleeding or painful periods) or pelvic pain.] [A HORMONE PILL OR PATCH USED ONCE A MONTH WILL BE COUNTED IF THE DURATION WAS AT LEAST 6 MONTHS. READ "OTHER REASONS" ONLY IF NECESSARY.] ☐ YES ⟶ ☐ NO ☐ DON'T KNOW	C6i(1) . . . any other hormone pills or patches? AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO|__|__| ☐ DON'T KNOW	C6i(2) . . . any other hormone pills or patches? ☐ YES ☐ NO ☐ DON'T KNOW	C6i(3) . . . any other hormone pills or patches? _____ ☐ MONTHS NUMBER ☐ YEARS ☐ DON'T KNOW

Next I am going to ask you some questions about your diet. About two years ago [or ARY_____], on average how often did you eat a serving or portion of . . .

[SERVING SIZES SHOULD BE READ IN EACH SECTION OF THE DIET.]

E1. . . .fruit?

A serving of <u>fruit</u> is:
1 medium fresh fruit
½ cup chopped, cooked, canned fruit
¼ cup dried fruit
6 oz. fruit juice

[PROBE for type of juice: Count juices only if they are 50%-100% juice.]

_____ PORTIONS OR SERVINGS
❑ PER DAY
❑ PER WEEK
❑ PER MONTH
❑ DON'T KNOW
❑ DID NOT EAT FRUIT

E2. . . .vegetables?

A serving of <u>vegetables</u> is:
1 cup raw leafy vegetables
½ cup other vegetables cooked or chopped raw
6 oz. vegetable juice (tomato juice, carrot juice)

[PROBE: Vegetables include beans, legumes, potatoes and green salad.]

_____ PORTIONS OR SERVINGS
❑ PER DAY
❑ PER WEEK
❑ PER MONTH
❑ DON'T KNOW
❑ DID NOT EAT VEGETABLES

E3. . . .red meat (not chicken or fish)?

A serving of <u>red meat</u> is: 2-3 oz. red meat, a piece of meat about the size of a deck of cards.

Red meats include beef, steak, hamburger, prime rib, ribs, veal, lamb, pork, bacon, pork sausages or venison.

_____ PORTIONS OR SERVINGS
❑ PER DAY
❑ PER WEEK
❑ PER MONTH
❑ DON'T KNOW
❑ DID NOT EAT RED MEAT (GO TO E4)

E3a. About TWO years ago [ARY_____], on average, how many servings of red meat did you eat that were cooked by pan-frying, broiling, grilling or barbequing?
[PROBE: Do not include Southern barbequing which is baking meat in a pit in the ground or in an oven.]

_____ PORTIONS OR SERVINGS
❑ PER DAY
❑ PER WEEK
❑ PER MONTH
❑ DON'T KNOW
❑ DID NOT EAT RED MEAT THAT WAS COOKED BY THESE METHODS (GO TO E4)

E3b. On average, when you ate red meat cooked by those methods, which of the following best describes its <u>outside</u> appearance? (READ ALL RESPONSES. MAY BE NECESSARY TO REPEAT METHODS OF COOKING.)

❑ Lightly Browned
❑ Medium Browned
❑ Heavily Browned / Blackened
❑ DON'T KNOW

E3c. On average, when you ate red meat cooked by pan-frying, broiling, grilling or barbequing, which of the following best describes its <u>inside</u> appearance or how well done it was? (READ ALL RESPONSES.)

❑ Red (rare)
❑ Pink (medium)
❑ Brown (well-done)
❑ DON'T KNOW

About two years ago [or ARY_____], on average how often did you eat a serving or portion of . . .

[SERVING SIZES SHOULD BE READ IN EACH SECTION OF THE DIET.]

E4. . . .chicken, turkey or other fowl?

A serving of <u>chicken or other fowl</u> is:
- 2-3 oz. meat
- 1 drumstick
- 1 thigh
- half a breast
- 2 wings
- 3 nuggets

Include fowl in mixed dishes, for example, casseroles.

_____
PORTIONS OR SERVINGS
- ☐ PER DAY
- ☐ PER WEEK
- ☐ PER MONTH

- ☐ DON'T KNOW
- ☐ DID NOT EAT CHICKEN OR OTHER FOWL (GO TO **SECTION F**)

E4a. About TWO years ago [ARY_____], on average, how many servings of chicken or other fowl did you eat that were cooked by pan-frying, broiling, grilling or barbequing?

_____
PORTIONS OR SERVINGS
- ☐ PER DAY
- ☐ PER WEEK
- ☐ PER MONTH

- ☐ DON'T KNOW
- ☐ DID NOT EAT CHICKEN OR OTHER FOWL THAT WAS COOKED BY THESE METHODS (GO TO **SECTION F**)

E4b. On average, when you ate chicken or other fowl cooked by those methods, which of the following best describes its <u>outside</u> appearance?
(READ ALL RESPONSES. MAY BE NECESSARY TO REPEAT METHODS OF COOKING.)

- ☐ **Lightly Browned**
- ☐ **Medium Browned**
- ☐ **Heavily Browned / Blackened**
- ☐ DON'T KNOW

F. PHYSICAL ACTIVITY

The next section contains questions about your participation in a variety of physical activities during three periods of your life. I would like to know if you participated regularly in any of the following activities. By "regularly" I mean at least 30 minutes a week for at least 3 months in a row. I will be asking about your 20s, 30s and 40s, and since you turned 50. [REPEAT FOR 30s-40s AND 50+ FOR EACH ACTIVITY BEFORE GOING TO NEXT ACTIVITY. DO NOT INCLUDE JOB-RELATED PHYSICAL ACTIVITIES.]

	... when you were in your 20s?	☐ SKIP IF LESS THAN AGE 30 ... when you were in your 30s & 40s?	☐ SKIP IF LESS THAN AGE 50 ...since turning 50?
F1: Did you walk for at least 30 minutes a week for 3 months in a row . . .	**F1a: walk** ☐ YES (IF YES, GO TO F1a(1)) ☐ NO ⟶	**F1b: walk** ☐ YES (IF YES, GO TO F1b(1)) ☐ NO ⟶	**F1c: walk** ☐ YES (IF YES, GO TO F1c(1)) ☐ NO (GO TO F2)
	F1a(1). For how many years did you . . .[ACTIVITY]? |__|__| YEARS *[MAXIMUM=10]*	**F1b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]*	**F1c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS
	F1a(2). For how many months of the year? |__|__| MONTHS PER YEAR	**F1b(2). For how many months of the year?** |__|__| MONTHS PER YEAR	**F1c(2). For how many months of the year?** |__|__| MONTHS PER YEAR
	F1a(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK	**F1b(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F1c(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK
F2: Did you jog for at least 30 minutes a week for 3 months in a row. . . **Jogging is running slower than a mile in 10 minutes.**	**F2a: jog** ☐ YES (IF YES, GO TO F2a(1)) ☐ NO ⟶	**F2b: jog** ☐ YES (IF YES, GO TO F2b(1)) ☐ NO ⟶	**F2c: jog** ☐ YES (IF YES, GO TO F2c(1)) ☐ NO (GO TO F3)
	F2a(1). For how many years did you . . .[ACTIVITY]? |__|__| YEARS *[MAXIMUM=10]*	**F2b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]*	**F2c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS
	F2a(2). For how many months of the year? |__|__| MONTHS PER YEAR	**F2b(2). For how many months of the year?** |__|__| MONTHS PER YEAR	**F2c(2). For how many months of the year?** |__|__| MONTHS PER YEAR
	F2a(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK	**F2b(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F2c(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK

	. . . when you were in your 20s?	. . . when you were in your 30s & 40s?	. . . since turning 50?
F3: Did you <u>run</u> for at least 30 minutes a week for 3 months in a row. . . By running we mean going faster than a mile in 10 minutes.	**F3a: run** ☐ YES (IF YES, GO TO F3a(1)) ☐ NO ⟶	**F3b: run** ☐ YES (IF YES, GO TO F3b(1)) ☐ NO ⟶	**F3c: run** ☐ YES (IF YES, GO TO F3c(1)) ☐ NO (GO TO F4)
	F3a(1). For how many years did you . . .[ACTIVITY]? |__|__| YEARS *[MAXIMUM=10]* **F3a(2).** For how many months of the year? |__|__| MONTHS PER YEAR **F3a(3).** When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK	**F3b(1).** For how many years did you . . . [ACTIVITY]? |__|__| YEARS *[MAXIMUM=20]* **F3b(2).** For how many months of the year? |__|__| MONTHS PER YEAR **F3b(3).** When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK	**F3c(1).** For how many years did you . . . [ACTIVITY]? |__|__| YEARS **F3c(2).** For how many months of the year? |__|__| MONTHS PER YEAR **F3c(3).** When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK
F4: Did you <u>bicycle</u> for at least 30 minutes a week for 3 months in a row. . . This includes stationary bicycling.	**F4a: bicycle** ☐ YES (IF YES, GO TO F4a(1)) ☐ NO ⟶	**F4b: bicycle** ☐ YES (IF YES, GO TO F4b(1)) ☐ NO ⟶	**F4c: bicycle** ☐ YES (IF YES, GO TO F4c(1)) ☐ NO (GO TO F5)
	F4a(1). For how many years did you . . .[ACTIVITY]? |__|__| YEARS *[MAXIMUM=10]* **F4a(2).** For how many months of the year? |__|__| MONTHS PER YEAR **F4a(3).** When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK	**F4b(1).** For how many years did you . . . [ACTIVITY]? |__|__| YEARS *[MAXIMUM=20]* **F4b(2).** For how many months of the year? |__|__| MONTHS PER YEAR **F4b(3).** When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK	**F4c(1).** For how many years did you . . . [ACTIVITY]? |__|__| YEARS **F4c(2).** For how many months of the year? |__|__| MONTHS PER YEAR **F4c(3).** When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK

	... when you were in your 20s?	SKIP IF LESS THAN AGE 30 ... when you were in your 30s & 40s?	SKIP IF LESS THAN AGE 50 ... since turning 50?
F5: Did you <u>swim laps</u> for at least 30 minutes a week for 3 months in a row...	**F5a: swim laps** ☐ YES (IF YES, GO TO F5a(1)) ☐ NO ———————→	**F5b: swim laps** ☐ YES (IF YES, GO TO F5b(1)) ☐ NO ———————→	**F5c: swim laps** ☐ YES (IF YES, GO TO F5c(1)) ☐ NO (GO TO F6)
	F5a(1). For how many years did you . . .[ACTIVITY]? |__|__| YEARS *[MAXIMUM=10]* **F5a(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F5a(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F5b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]* **F5b(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F5b(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F5c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS **F5c(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F5c(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK
F6: Did you play <u>tennis, racquetball or squash</u> for at least 30 minutes a week for 3 months in a row...	**F6a:** ☐ YES (IF YES, GO TO F6a(1)) ☐ NO ———————→	**F6b:** ☐ YES (IF YES, GO-TO F6b(1)) ☐ NO ———————→	**F6c:** ☐ YES (IF YES, GO TO F6c(1)) ☐ NO (GO TO F7)
	F6a(1). For how many years did you . . .[ACTIVITY]? |__|__| YEARS *[MAXIMUM=10]* **F6a(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F6a(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F6b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]* **F6b(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F6b(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F6c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS **F6c(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F6c(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK

	..., when you were in your 20s?	☐ SKIP IF LESS THAN AGE 30 ... when you were in your 30s & 40s?	☐ SKIP IF LESS THAN AGE 50 ... since turning 50?
F7: Did you participate in <u>calisthenics, aerobics, vigorous dance, use a rowing machine or lift weights</u> for at least 30 minutes a week for 3 months in a row. . .	**F7a:** ☐ YES (IF YES, GO TO F7a(1)) ☐ NO ⟶	**F7b:** ☐ YES (IF YES, GO TO F7b(1)) ☐ NO ⟶	**F7c:** ☐ YES (IF YES, GO TO F7c(1)) ☐ NO (GO TO F8)
	F7a(1). For how many years did you . . .[ACTIVITY]? |__|__| YEARS *[MAXIMUM=10]*	**F7b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]*	**F7c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS
	F7a(2). For how many months of the year? |__|__| MONTHS PER YEAR	**F7b(2). For how many months of the year?** |__|__| MONTHS PER YEAR	**F7c(2). For how many months of the year?** |__|__| MONTHS PER YEAR
	F7a(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK	**F7b(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F7c(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK
F8: Did you play <u>football, soccer, rugby or basketball</u> for at least 30 minutes a week for 3 months in a row. . .	**F8a:** ☐ YES (IF YES, GO TO F8a(1)) ☐ NO ⟶	**F8b:** ☐ YES (IF YES, GO TO F8b(1)) ☐ NO ⟶	**F8c:** ☐ YES (IF YES, GO TO F8c(1)) ☐ NO (GO TO F9)
	F8a(1). For how many years did you . . .[ACTIVITY]? |__|__| YEARS *[MAXIMUM=10]*	**F8b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]*	**F8c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS
	F8a(2). For how many months of the year? |__|__| MONTHS PER YEAR	**F8b(2). For how many months of the year?** |__|__| MONTHS PER YEAR	**F8c(2). For how many months of the year?** |__|__| MONTHS PER YEAR
	F8a(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]? |__|__| HOURS PER WEEK	**F8b(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F8c(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK

F9: Did you participate in any other strenuous physical activities for at least 30 minutes a week for 3 months in a row. . . Strenuous activity means something that increased your heart rate and caused you to sweat, such as skiing, skating, hockey, scuba diving, surfing and other activities. [RECORD EACH ACTIVITY SEPARATELY.] ACTIVITY 1: _____	. . .when you were in your 20s?	☐ SKIP IF LESS THAN AGE 30 . . .when you were in your 30s & 40s?	☐ SKIP IF LESS THAN AGE 50 . . .since turning 50?
	F9a: ☐ YES (IF YES, GO TO F9a(1)) ☐ NO ⟶ **F9a(1). For how many years did you . . .[ACTIVITY]?** |__|__| YEARS [MAXIMUM=10] **F9a(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9a(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9b:** ☐ YES (IF YES, GO TO F9b(1)) ☐ NO ⟶ **F9b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS [MAXIMUM=20] **F9b(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9b(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9c:** ☐ YES (IF YES, GO TO F9c(1)) ☐ NO (GO TO F10) **F9c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS **F9c(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9c(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK
ACTIVITY 2: _____	**F9a(1). For how many years did you . . .[ACTIVITY]?** |__|__| YEARS [MAXIMUM=10] **F9a(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9a(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS [MAXIMUM=20] **F9b(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9b(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS **F9c(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9c(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK
ACTIVITY 3: _____	**F9a(1). For how many years did you . . .[ACTIVITY]?** |__|__| YEARS [MAXIMUM=10] **F9a(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9a(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS [MAXIMUM=20] **F9b(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9b(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS **F9c(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9c(3). When you were participating in this exercise regularly, on average, how many hours per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK

	... when you were in your 20s?	☐ SKIP IF LESS THAN AGE 30 ... when you were in your 30s & 40s?	☐ SKIP IF LESS THAN AGE 50 ... since turning 50?
ACTIVITY 4: _____	**F9a(1). For how many years did you . . .[ACTIVITY]?** |__|__| YEARS *[MAXIMUM=10]* **F9a(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9a(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]* **F9b(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9b(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS **F9c(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9c(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK
ACTIVITY 5: _____	**F9a(1). For how many years did you . . .[ACTIVITY]?** |__|__| YEARS *[MAXIMUM=10]* **F9a(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9a(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]* **F9b(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9b(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F9c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS **F9c(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F9c(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK
F10: Did you do any <u>strenuous tasks in or around the house</u> for at least 30 minutes a week for 3 months in a row. . . **This would include activities such as mowing a lawn with a non-power mower, shoveling snow or dirt, or scrubbing floors vigorously.** [RECORD ACTIVITIES COLLECTIVELY.] _____ _____ _____	**F10a:** ☐ YES (IF YES, GO TO F10a(1)) ☐ NO ⟶ **F10a(1). For how many years did you . . .[ACTIVITY]?** |__|__| YEARS *[MAXIMUM=10]* **F10a(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F10a(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F10b:** ☐ YES (IF YES, GO TO F10b(1)) ☐ NO ⟶ **F10b(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS *[MAXIMUM=20]* **F10b(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F10b(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK	**F10c:** ☐ YES (IF YES, GO TO F10c(1)) ☐ NO (GO TO F11) **F10c(1). For how many years did you . . . [ACTIVITY]?** |__|__| YEARS **F10c(2). For how many months of the year?** |__|__| MONTHS PER YEAR **F10c(3). When you were participating in this exercise regularly, on average, how many <u>hours</u> per week did you . . . [ACTIVITY]?** |__|__| HOURS PER WEEK

What was your usual occupation. . .

{IF NO OCCUPATION.]
[PROBE: "Usual" is the longest-held activity including any paid or unpaid employment, such as being a student, homemaker or unemployed.]

What industry did you work in . . .

F11a. . . . when you were in your 20s?	SKIP IF LESS THAN AGE 30 F11b. . . . when you were in your 30s & 40s?	SKIP IF LESS THAN AGE 50 F11c. . . . since turning 50?
_____ _____ [TO BE CODED] ☐ DON'T KNOW	_____ _____ [TO BE CODED] ☐ DON'T KNOW	_____ _____ [TO BE CODED] ☐ DON'T KNOW
F12a. . . . when you were in your 20s?	F12b. . . . when you were in your 30s & 40s?	F12c. . . . since turning 50?
_____ _____ [TO BE CODED] ☐ DON'T KNOW	_____ _____ [TO BE CODED] ☐ DON'T KNOW	_____ _____ [TO BE CODED] ☐ DON'T KNOW

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G. ALCOHOL CONSUMPTION

The next set of questions are about alcohol consumption during three periods of your life.

Think back to the period when you were in your 20s.	SKIP IF LESS THAN AGE 30 ☐ LESS THAN AGE 30 (GO TO G1a)	SKIP IF LESS THAN AGE 50 ☐ LESS THAN AGE 50 (GO TO G1a)
G1. During that time, did you ever consume any alcoholic beverages at least once a week for 6 months or longer? *[PROBE: Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks or cocktails.]* ☐ YES ⟶ ☐ NO ⟶ ☐ DON'T KNOW ⟶ ☐ NEVER (GO TO **SECTION H**)	**G2.** In your 30s and 40s, did you ever consume any alcoholic beverages at least once a week for 6 months or longer? *[PROBE: Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks or cocktails.]* ☐ YES ⟶ ☐ NO ⟶ ☐ DON'T KNOW ⟶	**G3.** Since turning 50, have you ever consumed any alcoholic beverages at least once a week for 6 months or longer? *[PROBE: Alcoholic beverages include beer, hard cider, wine, sake, liquor, spirits, mixed drinks or cocktails.]* ☐ YES ☐ NO ☐ DON'T KNOW
IF RESPONDENT NEVER CONSUMED ANY ALCOHOLIC BEVERAGES AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER, FILL IN "NO" FOR G2 AND G3 AND GO TO SECTION H.		

Now I will ask about specific beverages you may have consumed. First, I will ask you about beer and hard cider. Then, I will ask about wine and sake. Finally, I will ask about liquor [spirits], mixed drinks or cocktails.
[CONFIRM SIZES (OUNCES) FOR SERVICES OF EACH BEVERAGE.]

In your 20s

☐ NEVER CONSUMED ANY ALCOHOLIC BEVERAGES AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER (SKIP TO G2a)

	For how many years did you consume [BEVERAGE]?	**During the years when you consumed [BEVERAGE], how many[*] did you typically consume?**
G1a: Did you ever consume <u>beer or hard cider</u> at least once a week for 6 months or longer? beer hard cider ☐ ☐ YES ⟶ ☐ ☐ NO (GO TO G1b) ☐ ☐ DON'T KNOW (GO TO G1b)	**G1a(1).** beer |__|__| YEARS [MAXIMUM=10] hard cider |__|__| YEARS [MAXIMUM=10]	**G1a(2).** beer _____ *12 OZ. CANS/ BOTTLES ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW hard cider _____ *12 OZ. CANS/ BOTTLES ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW
G1b: Did you ever consume <u>wine or sake</u> at least once a week for 6 months or longer? wine sake ☐ ☐ YES ⟶ ☐ ☐ NO (GO TO G1c) ☐ ☐ DON'T KNOW (GO TO G1c)	**G1b(1).** wine |__|__| YEARS [MAXIMUM=10] sake |__|__| YEARS [MAXIMUM=10]	**G1b(2).** wine _____ *4 OZ. GLASS ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW sake _____ *1 OZ. SERVING ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW
G1c: Did you ever consume <u>liquor [spirits], mixed drinks or cocktails</u> at least once a week for 6 months or longer? ☐ YES ⟶ ☐ NO (GO TO G2a) ☐ DON'T KNOW (GO TO G2a)	**G1c(1).** liquor/ spirits |__|__| YEARS [MAXIMUM=10] SPECIFY:_____ [TYPE OF LIQUOR]	**G1c(2).** liquor/ spirits _____ 1 OZ. SHOT ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW
[ASK ONLY IF **YES** TO G1 BUT **NO** TO SPECIFIC BEVERAGES.] You said that you consumed alcoholic beverages at least once a week in your 20s, although your consumption of specific beverages was less than once a week. So, thinking about your <u>total</u> consumption of alcoholic beverages in your 20s . . .	**G1d(1):** . . . how many years in total did you consume at least one alcoholic beverage a week? |__|__| YEARS [MAXIMUM=10]	**G1d(2):** How many alcoholic beverages a week did you typically consume during those years? |__|__| PER WEEK [IF MORE THAN 2, GO BACK TO G1a - G1c AND PROBE FOR SPECIFIC BEVERAGE.]

☐ NEVER CONSUMED ANY ALCOHOLIC BEVERAGES AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER **OR** LESS THAN AGE 30 (SKIP TO G3a)

	For how many years did you consume [BEVERAGE]?	During the years when you consumed [BEVERAGE], how many[*] did you typically consume?
G2a: Did you ever consume <u>beer or hard cider</u> at least once a week for 6 months or longer? beer hard cider ☐ ☐ YES ⟶ ☐ ☐ NO (GO TO G2b) ☐ ☐ DON'T KNOW (GO TO G2b)	**G2a(1).** beer |__|__| YEARS *[MAXIMUM=20]* hard cider |__|__| YEARS *[MAXIMUM=20]*	**G2a(2).** beer _____ *12 OZ. CANS/ BOTTLES* ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW hard cider _____ *12 OZ. CANS/ BOTTLES* ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW
G2b: Did you ever consume <u>wine or sake</u> at least once a week for 6 months or longer? wine sake ☐ ☐ YES ⟶ ☐ ☐ NO (GO TO G2c) ☐ ☐ DON'T KNOW (GO TO G2c)	**G2b(1).** wine |__|__| YEARS *[MAXIMUM=20]* sake |__|__| YEARS *[MAXIMUM=20]*	**G2b(2).** wine _____ *4 OZ. GLASS* ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW sake _____ *1 OZ. SERVING* ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW
G2c: Did you ever consume <u>liquor [spirits], mixed drinks or cocktails</u> at least once a week for 6 months or longer? ☐ YES ⟶ ☐ NO (GO TO G3a) ☐ DON'T KNOW (GO TO G3a)	**G2c(1).** liquor/ spirits |__|__| YEARS *[MAXIMUM=20]* SPECIFY:_____ *[TYPE OF LIQUOR]*	**G2c(2).** liquor/ spirits _____ *1 OZ. SHOT* ☐ PER DAY ☐ PER WEEK ☐ DON'T KNOW
[ASK ONLY IF YES TO G2 BUT NO TO SPECIFIC BEVERAGES.] **You said that you consumed alcoholic beverages at least once a week in your 30s and 40s, although your consumption of specific beverages was less than once a week. So, thinking about your <u>total</u> consumption of alcoholic beverages in your 30s and 40s . . .**	**G2d(1):** **. . . how many years in total did you consume at least one alcoholic beverage a week?** |__|__| YEARS *[MAXIMUM=20]*	**G2d(2):** **How many alcoholic beverages a week did you typically consume during those years?** |__|__| PER WEEK [IF MORE THAN 2, GO BACK TO G2a - G2c AND PROBE FOR SPECIFIC BEVERAGE.]

☐ NEVER CONSUMED ANY ALCOHOLIC BEVERAGES AT LEAST ONCE A WEEK FOR 6 MONTHS OR LONGER **OR** LESS THAN AGE 50 (SKIP TO H1)

	For how many years did you consume [BEVERAGE]?	**During the years when you consumed [BEVERAGE], how many[*] did you typically consume?**
G3a: Did you ever consume <u>beer or hard cider</u> at least once a week for 6 months or longer? beer hard cider ☐ ☐ YES ————————→ ☐ ☐ NO (GO TO G3b) ☐ ☐ DON'T KNOW (GO TO G3b)	**G3a(1).** beer |__|__| YEARS hard |__|__| YEARS cider	**G3a(2).** beer _____ ☐ PER DAY *12 OZ. CANS/ ☐ PER WEEK BOTTLES ☐ DON'T KNOW hard _____ ☐ PER DAY cider *12 OZ. CANS/ ☐ PER WEEK BOTTLES ☐ DON'T KNOW
G3b: Did you ever consume <u>wine or sake</u> at least once a week for 6 months or longer? wine sake ☐ ☐ YES ————————→ ☐ ☐ NO (GO TO G3c) ☐ ☐ DON'T KNOW (GO TO G3c)	**G3b(1).** wine |__|__| YEARS sake |__|__| YEARS	**G3b(2).** wine _____ ☐ PER DAY *4 OZ. GLASS ☐ PER WEEK ☐ DON'T KNOW sake _____ ☐ PER DAY *1 OZ. ☐ PER WEEK SERVING ☐ DON'T KNOW
G3c: Did you ever consume <u>liquor [spirits], mixed drinks or cocktails</u> at least once a week for 6 months or longer? ☐ YES ————————→ ☐ NO (GO TO H1) ☐ DON'T KNOW (GO TO H1)	**G3c(1).** liquor/ |__|__| YEARS spirits SPECIFY:_____ [TYPE OF LIQUOR]	**G3c(2).** liquor/ _____ ☐ PER DAY spirits 1 OZ. SHOT ☐ PER WEEK ☐ DON'T KNOW
[ASK ONLY IF YES TO G3 BUT NO TO SPECIFIC BEVERAGES.] **You said that you consumed alcoholic beverages at least once a week since you turned 50, although your consumption of specific beverages was less than once a week. So, thinking about your <u>total</u> consumption of alcoholic beverages since you turned 50 . . .**	**G3d(1):** . . . how many years in total did you consume at least one alcoholic beverage a week? |__|__| YEARS	**G3d(2):** **How many alcoholic beverages a week did you typically consume during those years?** |__|__| PER WEEK [IF MORE THAN 2, GO BACK TO G3a - G3c AND PROBE FOR SPECIFIC BEVERAGE.]

H. SMOKING

Now I'd like to ask you some questions about your use of tobacco.

H1. Have you ever smoked at least one cigarette a day for 3 months or longer?

☐ YES ————————→

☐ NO (GO TO **H2**)

☐ DON'T KNOW (GO TO **H2**)

H1a. When did you FIRST start smoking at least one cigarette a day for three months or longer?

AGE: |__|__| **OR**

YEAR: |__|__|__|__| **OR**

YEARS AGO |__|__| ☐ DON'T KNOW

H1b. During periods when you smoked regularly, how many cigarettes did you typically smoke in a day?
[PROBE: "Regularly" means at least one cigarette a day.]
[20 cigarettes is the most common size of packs.]

|__|__|__| CIGARETTES PER DAY   ☐ DON'T KNOW

H1c. Do you currently smoke at least one cigarette a day?

☐ YES (GO TO **H1d**)

☐ NO ————→

☐ DON'T KNOW ——→

> **H1c(1)** When did you permanently stop smoking at least 1 cigarette a day?
>
> AGE: |__|__| OR
>
> YEAR: |__|__|__|__| OR
>
> YEARS AGO |__|__|
>
> ☐ DON'T KNOW
>
> IF MORE THAN 2 YEARS AGO,
> [or ARY_____] SKIP TO **H1e**.

H1d. About TWO years ago [ARY_____], were you smoking at least one cigarette a day?

☐ YES

☐ NO

☐ DON'T KNOW

H1e. Did you ever stop and restart smoking cigarettes for 3 months or longer during periods when you smoked regularly?

☐ YES ————————→

☐ NO (GO TO **H1f**)

☐ DON'T KNOW
(GO TO **H1f**)

> **H1e(1):** How long in total did you stop smoking?
>
> _____   ☐ MONTHS
> TOTAL   ☐ YEARS

H1f: How many years in total did you smoke at least one cigarette per day for 3 months or longer?

|__|__| YEARS

H2. Have you ever smoked at least one cigar or one pipe per month for at least 3 months?

☐ YES ⟶
☐ NO (GO TO SECTION I)
☐ DON'T KNOW (GO TO SECTION I)

H2a. Did you smoke cigars or pipes or both?

☐ CIGARS
☐ PIPES
☐ BOTH

[IF BOTH, ITERATE QXS BELOW ONCE FOR CIGARS, ONCE FOR PIPES]

	CIGARS	PIPES
H2b. When did you first start smoking at least one [CIGAR OR PIPE] a month?	**H2b(1):** AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO |__|__| ☐ DON'T KNOW	**H2b(2):** AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO |__|__| ☐ DON'T KNOW
H2c. During periods when you smoked regularly, how many [CIGARS OR PIPES] did you typically smoke in a month? *[PROBE: "Regularly" means at least one cigar or pipe a month.]*	**H2c(1):** |__|__|__|__| CIGARS/MONTH ☐ DON'T KNOW	**H2c(2):** |__|__|__|__| PIPES/MONTH ☐ DON'T KNOW
H2d. About TWO years ago [ARY _____] were you smoking at least one [CIGAR OR PIPE] a month?	**H2d(1):** ☐ YES ☐ NO ☐ DON'T KNOW	**H2d(2):** ☐ YES ☐ NO ☐ DON'T KNOW
H2e. Do you still smoke at least one [CIGAR OR PIPE] a month?	**H2e(1):** ☐ YES (GO TO H2f) ☐ NO ⟶ ☐ DON'T KNOW (GO TO H2f) **H2e(1)a. When did you permanently stop smoking at least one cigar a month?** AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO |__|__| ☐ DON'T KNOW	**H2e(2):** ☐ YES (GO TO H2f) ☐ NO ⟶ ☐ DON'T KNOW (GO TO H2f) **H2e(2)a. When did you permanently stop smoking at least one pipe a month?** AGE: |__|__| OR YEAR: |__|__|__|__| OR YEARS AGO |__|__| ☐ DON'T KNOW
H2f. Did you ever stop and restart smoking [CIGARS OR PIPES] for 3 months or longer during periods you smoked regularly?	**H2f(1):** ☐ YES ⟶ ☐ NO (GO TO H2g(1)) ☐ DON'T KNOW **H2f(1)a: How long in total did you stop smoking?** _____ ☐ MONTHS TOTAL ☐ YEARS	**H2f(2):** ☐ YES ⟶ ☐ NO (GO TO H2g(2)) ☐ DON'T KNOW **H2f(2)a: How long in total did you stop smoking?** _____ ☐ MONTHS TOTAL ☐ YEARS
H2g. How many years in total did you smoke at least one [CIGAR OR PIPE] a month for 3 months or longer?	**H2g(1):** |__|__| YEARS	**H2g(2):** |__|__| YEARS

The last set of questions are to gather some background information about you.

I1. About how tall are you without your shoes on?

|__|FEET |__|__| INCHES   **OR** |__|__|__| CENTIMETERS   ☐ DON'T KNOW

I2. How much did you weigh about TWO years ago [or ARY_____]?

|__|__|__| POUNDS   **OR** |__|__|__| KILOS   ☐ DON'T KNOW

I3. How much did you weigh when you were about 20 years old?

|__|__|__| POUNDS   **OR** |__|__|__| KILOS   ☐ DON'T KNOW

J. DEMOGRAPHICS AND BACKGROUND INFORMATION

J1. What is the highest level of education you completed? [USE LIST AS PROBES.]

- ☐ Less than 8 years
- ☐ 8 to 11 years
- ☐ High school graduate
- ☐ Vocational or technical school
- ☐ Some college or university
- ☐ Bachelor's degree
- ☐ Some graduate school
- ☐ Graduate Degree
- ☐ DON'T KNOW

J2. Now I'd like to ask some information about you, your parents and your grandparents. For each, I'll be asking about country of birth, race and ethnicity. Scientists have found that diseases often occur in different patterns for people of different backgrounds. We would like to know if this is true for colorectal cancer.

Family Member		Racial or Ethnic Background

First I'd like to ask about <u>you</u>.
 	
J2a. In which country were you born?
 	
COUNTRY |__|__|__|__|
	J2a(1). How many years have you lived in the U.S.?
	
	☐ ALL MY LIFE
	|__|__| YEARS
	☐ DON'T KNOW
	☐ NEVER
		J2b. Which of the following most closely describes your race or ethnicity? [READ ALL RESPONSES AND MARK ALL THAT APPLY.]
		
		☐ African-American/Black ☐ White or Caucasian
		☐ Asian (SPECIFY) ☐ DON'T KNOW
		    ☐ OTHER
		_____
		☐ Hispanic/Latino
		☐ Native American SPECIFY RACE OR ETHNICITY
		     |__|__|

Next I'm going to ask about your <u>mother</u>.
 	
J3a. In which country was she born?
 	
COUNTRY |__|__|__|__|
☐ DON'T KNOW
		J3b. Which of the following most closely describes her race or ethnicity? [READ ALL RESPONSES AND MARK ALL THAT APPLY.]
		
		☐ African-American/Black ☐ White or Caucasian
		☐ Asian (SPECIFY) ☐ DON'T KNOW
		    ☐ OTHER
		_____
		☐ Hispanic/Latino
		☐ Native American SPECIFY RACE OR ETHNICITY
		     |__|__|

Next I'm going to ask about your <u>father</u>.
 	
J4a. In which country was he born?
 	
COUNTRY |__|__|__|__|
☐ DON'T KNOW
		J4b. Which of the following most closely describes his race or ethnicity? [READ ALL RESPONSES AND MARK ALL THAT APPLY.]
		
		☐ African-American/Black ☐ White or Caucasian
		☐ Asian (SPECIFY) ☐ DON'T KNOW
		    ☐ OTHER
		_____
		☐ Hispanic/Latino
		☐ Native American SPECIFY RACE OR ETHNICITY
		     |__|__|

Family Member	Racial or Ethnic Background	Country of Ancestors
Now, I'm going to ask you about your **mother's mother**, your maternal grandmother. **J5a. In which country was she born?** _____ *COUNTRY* |__|__|__| ☐ DON'T KNOW	**J5b. Which of the following most closely describes her race or ethnicity? [READ ALL RESPONSES AND MARK ALL THAT APPLY.]** ☐ African-American/Black ☐ White or Caucasian ☐ Asian *(SPECIFY)* ☐ DON'T KNOW _____ ☐ OTHER ☐ Hispanic/Latino *SPECIFY RACE OR ETHNICITY* ☐ Native American |__|__|	**J5c. What countries were her ancestors from?** _____ _____ ☐ DON'T KNOW
Now, I'm going to ask you about your **mother's father**, your maternal grandfather. **J6a. In which country was he born?** _____ *COUNTRY* |__|__|__| ☐ DON'T KNOW	**J6b. Which of the following most closely describes his race or ethnicity? [READ ALL RESPONSES AND MARK ALL THAT APPLY.]** ☐ African-American/Black ☐ White or Caucasian ☐ Asian *(SPECIFY)* ☐ DON'T KNOW _____ ☐ OTHER ☐ Hispanic/Latino *SPECIFY RACE OR ETHNICITY* ☐ Native American |__|__|	**J6c. What countries were his ancestors from?** _____ _____ ☐ DON'T KNOW
Now, I'm going to ask you about your **father's mother**, your paternal grandmother. **J7a. In which country was she born?** _____ *COUNTRY* |__|__|__| ☐ DON'T KNOW	**J7b. Which of the following most closely describes her race or ethnicity? [READ ALL RESPONSES AND MARK ALL THAT APPLY.]** ☐ African-American/Black ☐ White or Caucasian ☐ Asian *(SPECIFY)* ☐ DON'T KNOW _____ ☐ OTHER ☐ Hispanic/Latino *SPECIFY RACE OR ETHNICITY* ☐ Native American |__|__|	**J7c. What countries were her ancestors from?** _____ _____ ☐ DON'T KNOW
Now, I'm going to ask you about your **father's father**, your paternal grandfather. **J8a. In which country was he born?** _____ *COUNTRY* |__|__|__| ☐ DON'T KNOW	**J8b. Which of the following most closely describes his race or ethnicity? [READ ALL RESPONSES AND MARK ALL THAT APPLY.]** ☐ African-American/Black ☐ White or Caucasian ☐ Asian *(SPECIFY)* ☐ DON'T KNOW _____ ☐ OTHER ☐ Hispanic/Latino *SPECIFY RACE OR ETHNICITY* ☐ Native American |__|__|	**J8c. What countries were his ancestors from?** _____ _____ ☐ DON'T KNOW

Race and ethnicity sometimes affect disease risk. Scientists have found that some genetic traits are sometimes more or less common among Jewish people of different ethnic backgrounds. We would like to know if this is true for genes associated with colorectal cancer.

J9. Are you, your parents or grandparents of Jewish descent?

❑ YES ————
❑ NO (GO TO J10)
❑ DON'T KNOW (GO TO J10)

J9a. Which of these family members are of Jewish descent?

❑ ALL OF THEM   OR

J9b. [IF JEWISH] . . . was he/she . . .?

	Ashkenazi ❑ ALL ASHKENAZI	Sephardic ❑ ALL SEPHARDIC	Other (SPECIFY)	DON'T KNOW
❑ SELF	❑	❑	❑ _____	❑
❑ MOTHER	❑	❑	❑ _____	❑
❑ FATHER	❑	❑	❑ _____	❑
❑ MOTHER'S MOTHER	❑	❑	❑ _____	❑
❑ MOTHER'S FATHER	❑	❑	❑ _____	❑
❑ FATHER'S MOTHER	❑	❑	❑ _____	❑
❑ FATHER'S FATHER	❑	❑	❑ _____	❑

J10. Have you or your family participated in other research studies of familial cancer, or ever attended a genetic counseling session relating to cancer?

❑ YES ————————→
❑ NO (GO TO J11)
❑ DON'T KNOW (GO TO J11)

J10a. Please specify study or session:

_____ (SPECIFY)

Scientists have found that diseases are sometimes more or less prevalent for people of different income levels. We would like to know if this is true for colorectal cancer.

J11. As of about two years ago [or ARY_____], which of the following best describes your total annual household income from all sources before taxes. . .

❑ less than $15,000
❑ between $15,000-$29,000
❑ between $30,000-$44,000
❑ between $45,000-$69,000
❑ $70,000 or more
❑ REFUSED
❑ DON'T KNOW